

<b>CCC-666</b> (06-02-03)  <div style="text-align: center;"> <b>U.S. DEPARTMENT OF AGRICULTURE</b>          Commodity Credit Corporation   <b>FARM STORED LOAN QUANTITY CERTIFICATION</b> </div> <i>(See Page 2 for Privacy Act and Public Burden Statements)</i>				1. COUNTY FSA OFFICE NAME AND ADDRESS   Telephone No. (area code)			
2. NAME AND MAILING ADDRESS OF PRODUCER		3. LOCATION OF FARM WHERE STORED		4. CROP YEAR	5. COMMODITY	6. TYPE <input type="checkbox"/> HM <input type="checkbox"/> EAR CORN <input type="checkbox"/> ATHM	
		7. ST. & CO. CODE & LOAN NO.	8. LIENHOLDER(S)				
		9. FARM NUMBER(S) WHERE PRODUCED		10. OTHER PAYEEES			
11. SEAL	12. BIN IDENTIFICATION	13. CLASS VARIETY OR TYPE	14. BASIS FOR PRODUCER'S QUANTITY DETERMINATION	15. QUANTITY IN BIN	16. ELIGIBLE QUANTITY IN BIN	17. TOTAL QUANTITY FOR LOAN	
			<b>TOTALS</b>				
<b>18. PRODUCER'S CERTIFICATION</b> <i>The undersigned producer(s) ("Producer") requests a farm-stored Commodity Credit Corporation (CCC) loan on the commodity identified in Item 5 with respect to the quantity specified in Item 17. The Producer certifies that, (1) the Producer has beneficial interest in the quantity of the commodity shown in Item 16; (2) the commodity is eligible to be pledged as collateral for a CCC loan; (3) the Producer has retained control of the commodity at all times; (4) the quantity of the commodity shown in Item 15 above is in existence and is stored in the bin(s) noted; (5) the commodity is in storable condition and such condition will be maintained; (6) the structure will safely store the commodity through the loan period; and (7) the commodity on which the loan is requested is free and clear of all liens, security interest, and encumbrances, except as shown above. The Producer further agrees to (1) post CCC loan seals on bin(s) as instructed by CCC; (2) maintain the identity of the above identified commodity; and (3) not move or commingle the commodity with any other commodity without the prior written approval of CCC.</i>  <i>Are you or any co-applicant delinquent on any federal non tax debt? (If "YES", provide details in the remarks)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO							
18A. REMARKS			18B. PRODUCER'S SIGNATURE		18C. DATE (MM-DD-YYYY)		
<b>19. FOR OFFICIAL USE ONLY</b>							
A. OFFSETS      \$			20. LIEN SEARCH DATE (MM-DD-YYYY)		21. DATE UCC-1/UCC-1 F FILED (MM-DD-YYYY)		
B. REMARKS			22. FOR CCC BY:		DATE (MM-DD-YYYY)		

**NOTE:** *The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995 as amended. The authority for requesting the following information is Pub. L. 104-127 and the Commodity Credit Corporation Charter Act, as amended (15 USC 714 b & c) and 7 CFR Part 1421. The information on this form will determine eligibility and the amount of program benefits. Furnishing the requested information is voluntary; however, failure to furnish the correct complete information will result in a determination of ineligibility for program benefits. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.*

*According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0087. The time required to complete this information collection is estimated to average 15 minutes per response including the time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.*

**RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**